



**Motor
Vehicle
Division**

96-0430 R09/05 www.azdot.gov

Mail Drop 527M
Motor Vehicle Division
PO Box 2100
Phoenix AZ 85001-2100
602-712-6775

IFTA ACCOUNT CHANGES APPLICATION

This application is for renewals only. Fee to be paid with this application: IFTA License Filing Fee \$10.

MVD Account Number 0		USDOT Number		MC Operating Authority #		MX Operating Authority #	
Federal EIN		Federal TIN		Social Security Number *			
Application Type <input type="checkbox"/> Name Change <input type="checkbox"/> Address Change <input type="checkbox"/> Federal ID Change <input type="checkbox"/> Statutory Agent Change <input type="checkbox"/> Other:							
Legal Status <input type="checkbox"/> Individual * <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Government <input type="checkbox"/> LLC <input type="checkbox"/> Other:							
Company Name							
Doing Business As (DBA)							
Mailing Address				City		State	Zip
Physical Location (if different from above) **				City		State	Zip
Address Where Records Will Be Maintained				City		State	Zip
Business Phone ()							

* If you do not have a federal Employer Identification Number (EIN), you are required by ARS 44-1373 to provide your Social Security Number. It will be used to verify your identity and to comply with taxpayer enforcement laws.

** If the Physical Location has changed, include a current copy of one of the following: real estate tax bill, rent or mortgage payment receipt, utility bill, IRS Form 2290 or Articles of Incorporation.

Contact Person Name		Title	
E-mail Address	Contact Phone ()		

Statutory agent (for out of state corporations only) as designated in the Articles of Incorporation (must be an Arizona resident)

Statutory Agent Name				
Street Address		City	State	Zip
Mailing Address (if different from above)		City	State	Zip

Applicants: Owner, Partner, Officer or Director

Applicant Name (first, middle, last, suffix)	Title		Driver License Number		State
Residence Address	City	State	Zip	Home Phone ()	
Applicant Name	Title		Driver License Number		State
Residence Address	City	State	Zip	Home Phone ()	
Applicant Name	Title		Driver License Number		State
Residence Address	City	State	Zip	Home Phone ()	

If more space is needed, attach separate listing.

Number of AZ IFTA Qualified Vehicles	Number of IRP Vehicles	Number of AZ Based Vehicles

Mail the completed application to the address on the front, along with \$10 to cover the IFTA License Filing Fee in accordance with Arizona law. Make check payable to Motor Vehicle Division and include your MVD Account Number.

Do not include the IFTA Quarterly Tax Report with this application.

Attach an original or certified copy of a Power of Attorney, if someone other than the applicant signs the application.

I agree to comply with the provisions of the International Fuel Tax Agreement. I further agree that the Motor Vehicle Division may withhold any refunds due or cancel any license or registration, if I am delinquent on payment of fuel taxes. I certify that the information contained on this application is true, accurate and complete, to the best of my knowledge. (If partnership, must be signed by all partners. If corporation, must be signed by one corporate officer.)

Owner, Partner or Officer Signature	Date	Title	
2nd Partner Signature	Date	3rd Partner Signature	Date

MVD Use

Receipts Accounting

Date Payment Processed	Processed By

Motor Carrier Services

Date Updated	Updated By

Date Credential Processed	Issued By	IFTA Decal Numbers
		From: To: